

MULTIPLE DEDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1							61			
2							62			
3							63			
4							64			
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50										
TOTAL IND.										
TOTAL DEP.										
TOTAL CLAIMS										